

**RN/
APRN**

Texas Board of Nursing

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bon.state.tx.us

For Office Use Only:

Amount _____

Date Recd. _____

License Renewal Form

Please refer to the enclosed detailed instructions, APRN checklist and statistical codes to assist in completing this form. You must answer all questions, sign and return this renewal form with a copy of your current, national certification document for each advanced practice title you renew. The national certification document must bear an expiration date. Normal processing time is two weeks. If your APRN recognition is **not** renewed by the expiration date, you must cease practice until the recognition has been renewed. Therefore, it is your responsibility to submit the renewal form, supporting documents and the required fee early to allow sufficient time for processing. The Rules pertaining to the maintenance of your license and your eligibility to renew are 22 Texas Administrative Code (TAC), §§ 216(CE); 221.8 (APN); 222.3 (Rx Auth.) and 213.28 (regarding fitness to practice).

****In order to avoid any late fees, Renewal must be postmarked no later than the last day of the month in which your nursing license expires.****
Fees are non-refundable. Make check payable to the Texas Board of Nursing.

RENEW RN & APRN :

☐ TIMELY RN RENEWAL & APRN (prior to expiration date): Fee: \$125.00
☐ LATE RN RENEWAL & APRN (1 to 90 days past expiration date): Fee: \$185.00

A copy of the current national certification document(s) must accompany this form. If the renewal form is received after the expiration date, you must also submit proof of 400 hours of current practice in the APRN role and population focus area and evidence of continuing competency/continuing education as required by 22 TAC § 216.

PRESCRIPTIVE AUTHORITY (Rx Auth.) (No fee is required**)**

☐ RENEW PRESCRIPTIVE AUTHORITY
☐ INACTIVATE PRESCRIPTIVE AUTHORITY

RENEW RN LICENSE ONLY:

☐ TIMELY RN RENEWAL ONLY (prior to expiration date) Fee: \$ 65.00
☐ LATE RN RENEWAL ONLY (1 to 90 days past expiration date) Fee: \$125.00

If renewing RN license Only, all APRN titles and associated Rx. Auth. Will be placed on Inactive status. If the renewal form is received after the expiration date, you must submit evidence of continuing competency/continuing education as required by 22 TAC § 216.

RETIRED/INACTIVE

☐ RN RETIRED LICENSE (must be 65 or older) Fee: \$ 10.00
☐ RN & APRN INACTIVE STATUS (No Fee Required - Must be prior to expiration date)

Name(Last): _____ (First): _____ (M): _____
Legal documentation is required for a name change

RN License Number: _____ Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Mo Day Yr

(Address) (City) (State/Country) (Zip/Postal Code)

(E-Mail Address) Business Fax Number

*For statistical information, please use the statistical code sheet provided

*Employment Status: _____ *Primary Practice Setting: _____ *Primary Practice Position: _____

*Primary Specialty: _____ *Highest Degree: _____ *Primary Employment Zip: _____

*APN Certification Exam: _____ Is your APN certification current? ☐ No ☐ Yes

Currently practicing in APN role, e.g., direct patient care? ☐ FullTime ☐ PartTime ☐ No

In accordance with the Nursing Practice Act, section 304.001, art. 4 and 22 TAC §220.2, I declare that the State listed below is my primary state of residence and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.)

Primary State of Residence: _____

Upon licensure in Texas, in which state(s) do you intend to practice? _____

☐ No ☐ Yes Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government?

☐ No ☐ Yes Have you used your nursing knowledge, skills and abilities within the past four (4) years?

Eligibility Questions - Answering the questions below and signing the form is mandatory

- 1) ☐ **No** ☐ **Yes** Have you, within the past 24 months or since your last renewal, for any criminal offense, including those pending appeal:
- A. been convicted of a misdemeanor?
 - B. been convicted of a felony?
 - C. pled nolo contendere, no contest, or guilty?
 - D. received deferred adjudication?
 - E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - F. been sentenced to serve jail or prison time? court-ordered confinement?
 - G. been granted pre-trial diversion?
 - H. been arrested or have any pending criminal charges?
 - I. been cited or charged with any violation of the law?
 - J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code chapter 411, the Texas Board of Nursing is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character.

- 2) ☐ **No** ☐ **Yes** Are you currently the target or subject of a grand jury or governmental agency investigation?
- 3) ☐ **No** ☐ **Yes** Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a nursing license, certificate, or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you? (You may exclude disciplinary actions previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)
- 4) ☐ **No** ☐ **Yes** *In the past 5 years, have you been diagnosed with or treated or hospitalized for schizophrenia or other psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder? (You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have had no further hospitalization since disclosure.)
- 5) ☐ **No** ☐ **Yes** *In the past 5 years, have you been addicted or treated for the use of alcohol or any other drug? (You may answer "No" if you have completed and/or are in compliance with TPAPN)

6) I attest that I understand & meet all the requirements to practice for the type of renewal requested, as listed in 22 TAC, §§216(CE); 221.8 (APRN); and 222.3 (Rx Auth.). I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. Further, I understand that it is a violation of the 22 TAC, §217.12(6)(I) and the Penal Code, sec. 37.10, to submit a false statement to a governmental agency.

Sign: _____ Date: _____
(SIGNATURE REQUIRED)

*Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466.

NOTE: IF YOU ANSWERED "YES" TO #1-5 PLEASE REFER TO INSTRUCTIONS

Revised 04/2010

RN/APRN Renewal Form Checklist - (Do not return this sheet)

- ___ Checked type of renewal, RN or RN/APRN? (If you choose RN Inactive or RN Retired, your APRN authorization will be placed inactive)
- ___ Completed 20 hrs of Continuing Education?
- ___ Worked 400 hrs in advanced specialty since last renewal?
- ___ If applicable, renewing Prescriptive Authority?
- ___ If applicable, have you completed 5 hrs of CE in pharmacology?
- ___ Have you answered all the questions on the renewal?
- ___ Have you signed the renewal?
- ___ Have you enclosed the appropriate fee?
- ___ If "LATE RENEWAL", and you are renewing your RN license only, have you attached documentation of twenty (20) contact hours of continuing education credits?
- ___ If "LATE RENEWAL", and you are renewing your RN/APRN, have you attached documentation of twenty (20) contact hours of continuing credits in your advanced specialty?
- ___ If "LATE RENEWAL", and you are renewing your RN/APRN and Prescriptive Authority (Rx Auth.), have you attached documentation of five (5) contact hours of continuing education credits in addition to the twenty (20) contact hours required in your advanced specialty?
- ___ Did you read the instructions regarding Primary State of Residence? Declaring a compact state, other than Texas, will cause your renewal to be rejected.

STATISTICAL CODES**HIGHEST DEGREE**

- 1 = DIPLOMA
2 = ASSOCIATE DEGREE
3 = BACCALAUREATE IN NURSING
5 = MASTERS IN NURSING
7 = DOCTORATE IN NURSING

EMPLOYMENT STATUS

- 1 = EMPLOYED IN NURSING FULL TIME
2 = EMPLOYED IN NURSING PART TIME
3 = EMPLOYED IN OTHER FIELD FULL TIME
4 = EMPLOYED IN OTHER FIELD PART TIME
5 = UNEMPLOYED, RETIRED OR INACTIVE

APRN CERTIFICATION BY EXAMINATION

- 1 = NATIONAL BOARD ON CERTIFICATION AND RECERTIFICATION OF NURSE ANESTHETISTS (NBCRNA)
2 = AMERICAN MIDWIFERY CERTIFICATION BOARD (AMCB)
3 = PEDIATRIC NURSING CERTIFICATION BOARD (PNCB)
4 = NATIONAL CERTIFICATION CORPORATION (NCC)
5 = AMERICAN NURSES CREDENTIALING CENTER (ANCC)
6 = AMERICAN ACADEMY OF NURSE PRACTITIONERS (AANP)
7 = NOT CERTIFIED AS APRN BY ANY OF THE ABOVE
8 = AACN CERTIFICATION CORPORATION

PRIMARY PRACTICE POSITION:

- 1 = ADMINISTRATOR OR ASSISTANT
2 = CONSULTANT
3 = SUPERVISOR OR ASSISTANT
4 = FACULTY/EDUCATOR
5 = HEAD NURSE OR ASSISTANT
6 = STAFF NURSE/GENERAL DUTY
*7 = NURSE PRACTITIONER
*8 = CLINICAL NURSE SPECIALIST
*9 = NURSE ANESTHETIST
*10 = NURSE MIDWIFE
11 = INSERVICE/STAFF DEVELOPMENT
12 = SCHOOL NURSE
13 = OFFICE NURSE
14 = RESEARCHER
15 = OTHER: _____

* TEXAS BOARD OF NURSING APPROVAL REQUIRED

PRIMARY PRACTICE SETTING:

- 1 = INPATIENT HOSPITAL CARE
2 = OUTPATIENT HOSPITAL CARE
3 = SCHOOL OF NURSING
4 = COMMUNITY/PUBLIC HEALTH
5 = SCHOOL/COLLEGE HEALTH
6 = SELF-EMPLOYED/PRIVATE PRACTICE
7 = PHYSICIAN OR DENTIST/PRIVATE PRACTICE
8 = RURAL HEALTH CLINIC
9 = FREESTANDING CLINIC
10 = HOME HEALTH AGENCY
11 = MILITARY INSTALLATION
12 = TEMPORARY AGENCY/NURSING POOL
13 = NURSING HOME/EXTENDED CARE FACILITY
14 = BUSINESS/INDUSTRY
15 = OTHER: _____

PRIMARY SPECIALTY:

- 1 = COMMUNITY/PUBLIC HEALTH
2 = GENERAL PRACTICE
3 = GERIATRICS
4 = OBSTETRICS/GYNECOLOGY
5 = MEDICAL/SURGICAL
6 = PEDIATRICS
7 = PSYCHIATRIC/MENTAL HEALTH/SUBSTANCE ABUSE
8 = ANESTHESIA
9 = EMERGENCY CARE
10 = HOME HEALTH
11 = INTENSIVE/CRITICAL CARE
12 = NEONATOLOGY
13 = ONCOLOGY
14 = OPERATING/RECOVERY CARE
15 = REHABILITATION
16 = OCCUPATIONAL/ENVIRONMENTAL HEALTH
17 = OTHER: _____

GENERAL INSTRUCTIONS
(Do not return this sheet)

Our records show you have authorization to practice as an Advanced Practice Registered Nurse (APRN) in the State of Texas. In order to maintain your APRN recognition, you must have a current RN license as well. To renew your APRN authorization(s) you must meet the requirements under 22 Texas Administrative Code, § 221.8 in addition to requirements under 22 Texas Administrative Code, §§ 213.28 - 213.29 & 216, and pay the appropriate fee. There is no additional charge for more than one APRN authorization. There is no renewal fee for Prescriptive Authority.

APRN RENEWAL REQUIREMENTS 221.8 (in addition to requirements under 213.28-213.29, 216 & 223.)

1. You must pay the required recredentialing fee. Note: Failure to renew APRN authorization maintenance shall result in expiration of the board's approval as an advanced practice registered nurse [Rule §221.8(b)];
2. You must have a minimum of 400 hours of current practice (within the preceding biennium) in each advanced specialty you are renewing;
3. If you graduated from an APRN program after January 1, 1996, you must be currently certified by a certifying body recognized by the Board
4. You must meet the continuing competency requirements of Rule 216. You must hold current national certification, recertification, or completed certification maintenance requirements set by the respective national certifying body. If you are not required to be certified by 22 TAC § 221.4(c), then you must have at least 20 contact hours of continuing education targeted for your advanced practice role and population focus area. If you have Prescriptive Authority, you are required to have an additional 5 contact hours of continuing education in pharmacotherapeutics.

*The Board's APRN continuing education requirements under Rule §221.8 are in lieu of RN required CE under Rule §216. Only 20 hours of CE are required. Category I Continuing Medical Education (CME) will meet requirements for Type I contact hours.

"A registered nurse who practices professional nursing or a vocational nurse who practices vocational nursing after the expiration of the nurse's license is an illegal practitioner whose license may be revoked or suspended." Texas Occupations Code § 301.301(f).

FIRST RN AND/OR FIRST APRN RENEWAL(S)

If this is the first renewal of your Texas RN license, RN CE requirements are waived. For any Texas APRN authorization less than two years old, the APRN renewal requirements (2) & (4) (as listed above) pertaining to CE and 400 practice hours are waived.

NOTE: If APRN CE & 400 practice hours are waived, but your Texas RN license is beyond the first renewal, then you must have 20 hours of CE for your RN license.

NAME CHANGE

For name change, you must submit a copy of legal documentation, e.g., marriage license, notarized statement or divorce decree which states the name change. Please indicate how the name is to appear on the license.

RN/APRN INACTIVE STATUS

If your license is current, you may request inactive status. Check the appropriate box on the front of the renewal form, completing all applicable areas and mailing the form to the Board's address listed at the top of the renewal form. No fee is required. If you desire to re-enter the practice of nursing in Texas, you will be required to pay a reactivation fee and meet all current requirements in effect at the time you desire to re-enter the practice of nursing. Inactivating your RN License also inactivates all APRN and Rx Auth. Recognition(s).

RN RETIRED

If you are 65 years or older and your RN license is current, you may apply for RN retired status. Check the appropriate box on the front of the renewal form, completing all applicable areas and mailing the form with the appropriate fee to the Board's address listed on the top of the renewal form. You may not practice with a RN retired license. If you desire to re-enter the practice of nursing in Texas, you will be required to pay a reactivation fee and meet all current requirements in effect at the time you desire to re-enter the practice of nursing.

GENERAL INSTRUCTIONS
(Continued - Do not return this sheet)

RENEW ONLY RN LICENSE

If you wish to renew only your RN license **and** do not want your APRN recognition(s) renewed, check the appropriate boxes on the front of the renewal form submit the appropriate fee and mail the form. Note: If you are renewing only your RN license, the 20 CE hours may be in RN content (Rule §216).

APRN and/or Rx Auth. INACTIVATION(S)

To inactivate your APRN and/or Rx Auth. recognition(s), check the appropriate box on the front of the renewal form, fill out other applicable areas of this form, enclose the appropriate fee and mail the form to the Board's address. If you desire to reactivate an APRN and/or Rx Auth. recognition(s) you must meet the requirements for Reinstatement or Reactivation of APRN and/or Rx Auth. status as specified in Rule §221.10.

LATE RENEWALS

If your RN/APRN license has expired, check the appropriate box on the front of the renewal form, submit copies of continuing education certificates, complete the applicable areas and mail the form with the appropriate fee to the Board's address. You must meet the requirements for Reinstatement or Reactivation of APRN status as specified in Rule §221.10. According to the Texas Occupations Code, § 301.301(c), any application for RN renewal received after the expiration date shall be charged a late fee. If your RN/APN renewal is over 90 days late contact the Board. **THERE IS NO GRACE PERIOD.**

PRIMARY STATE OF RESIDENCE

Primary state of residence is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile. Declaring a compact state, other than Texas, will cause your renewal to be rejected since you can practice in Texas on your declared compact state license. For more information regarding the compact, visit our web site at www.bne.state.tx.us or the National Councils State Board of Nursing's web site at www.ncsbn.org.

APRN CERTIFICATION FOR RENEWAL

Texas Board of Nursing Rule 221.8 addresses the requirements that must be met in order to maintain licensure as an advanced practice registered nurse (APRN). Rule 221.8(a)(1) addresses the requirement related to maintaining national certification/recertification in order to be eligible to maintain the APRN license.

The Board is currently conducting an audit of all APRNs to determine whether they have maintained the appropriate national certification as required by current rule. Audits are conducted in conjunction with licensure renewal. Audit notices and instructions for compliance with the audit are mailed to the APRN's address of record 90 days prior to expiration of the license. Failure to comply with the audit request, or otherwise demonstrate current national certification as required by Rule 221.8, will render the APRN ineligible to renew their APRN license; however, the RN license can still be renewed if all other renewal requirements are met. Failure to meet the requirements outlined in Rule 221.8 while practicing as an APRN may render a licensee subject to disciplinary action, including a fine.

If you answered yes to questions 1-5 of the Eligibility Questions on page 2, you must provide the Board with the following information:

QUESTION #1. The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication-a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. In addition, SUBMIT the following documentation for **all** felonies and for **all** misdemeanors:

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

QUESTION #2. The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nurse Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

QUESTION #3. The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

QUESTION #4. The practice of professional nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated or hospitalized for any of the above illnesses within the last 5 years, SUBMIT:

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice professional nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

*Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466.

QUESTION #5. The practice of professional nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

*Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466.